Revision: HCFA-PM-86-20 (BERC) ATTACHMENT 3.1-B SEPTEMBER 1986 Page 1 OMB No. 0938-019 State/Territory: FLORIDA AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): ALL

The following ambulatory services are provided:

- Inpatient hospital services other than those provided in an 1. institution for mental diseases
- Outpatient hospital services 2.
- Rural health clinic services and other ambulatory services 3. furnished by a rural health clinic
- Laboratory and X-ray services
- Early and periodic screening diagnosis of individuals under 21 5. years of age, and treatment of conditions found
- 6. Family planning services
- 7. Physician services
- 8. Podiatry services
- 9. Optometric services
- 10. Advanced Registered Nurse Practitioners services
- 11. Home Health services
- Clinic services 12.
- 13. Dental services
- 14. Hearing services
- 15. Prescribed drugs
- 16. Dentures
- 17. Prosthetic devices
- 18. Eyeglasses
- 19. Rehabilitative services
- 20. Emergency hospital services
- 21. Nurse-midwife services (Included in ARNP program)
- 22. Transportation services
- 23. Hospice care services
- 24. Case management
- 25. Chiropractor services
- 26. Federally qualified health center services
- 27. Respiratory therapy28. Personal care
- 29. Private duty nursing
- 30. Therapies

TN No. <u>90-59</u>

*	Description pro	vided on attach	ment.		
	No. <u>90-60</u> per sedes	Approval Date	2-14-91	Effective	10/1/90

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 3.1-B Page 2 OMB No. 0938-

	State/Territory: FLORIDA
	AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): ALL
1.	Inpatient hospital services other than those provided in an institution for mental diseases.
	$\sqrt{X/P}$ rovided: \sqrt{N} 0 limitations $\sqrt{X/W}$ 1th limitations.
2.a	.Outpatient hospital services.
	$\sqrt{X/P}$ rovided: \sqrt{N} 0 limitations $\sqrt{X/W}$ 1th limitations.
þ	.Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State Plan). /X/Provided: //No limitations /X/With limitations*
C	Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).
	\sqrt{X} Provided: \sqrt{N} No limitations \sqrt{X} With limitations *
3.	Other laboratory and X-ray services.
	$\sqrt{X/}$ Provided: $\sqrt{-}$ No limitations $\sqrt{X/}$ With limitations.
4.a	.Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older. Not Provided
	//Provided: //No limitations //With limitations*
ь	Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. *
c	.Family planning services and supplies for individuals of childbearing age.
	ZProvided: Z/No limitations ZX/With limitations*
De	scription provided on attachment.

TN No. 92-40
Supersedes Approval Date JUL 3 0 1993 Iffective Date <u>10/1/92</u> TN No. 92-39

HCFA ID: 7986E

Revision: HCFA-PM-93-5 (MB) MAY 1993

ATTACHMENT 3.1-B Page 2a OMB NO:

	State/Territory: FLORIDA
	AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(s):
5.a.	Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.
	Provided: No limitations X With limitations*
b.	Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
	Provided: No limitations X With limitations:

TN No. 93-44		11-19-93	<u>" </u>		
Supersedes	Approval Date	11-19-93	Effective Date	7/1/93	

^{*}Description provided on attachment.

Revision: HCFA-PM-86-20 (BERC)

SEPTEMBER 1986

ATTACHMENT 3.1-8 Page 3

OMB No. 0938-0193

		OMB No. 093	ŧ
State/Territory:	FLORIDA		
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		State/Territory:
_		AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): ALL
6.		Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
	٨.	Podiatrists' Services
		X/ Provided: // Wo limitations /y/ With limitations*
	b.	Optometrists' Services
		Provided: // Wo limitations /y/ With limitations*
	c.	Chiropractors' Services
		/X/ Provided: // Wo limitations /X/ With limitations*
	d.	Other Practitioners' Services (Includes ARNP, Nurse-midwife)
		/X/ Provided: // Wo limitations /X/ With limitations*
7.		Home Health Services
	٤.	Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.
		X/ Provided: // No limitations /X/ With limitations*
	ъ.	Home health aide services provided by a home health agency.
		Provided: Wo limitations W With limitations*
	с.	Medical supplies, equipment, and appliances suitable for use in the home.
		/X/ Provided: // No limitations /X/ With limitations*
	4.	Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
		/X/ Provided: // We limitations /X/ With limitations*

TW No. 90-55
Supersedes Approval Date 2-6-91 Effective Date 10/1/90
TW No. 88-13

HCFA ID: 0140P/0102A

TEMBER	1986	(Jako;	ATTACHMENT 3.1-8 Page 4
			OHB No. 0938-0193
		FLORIDA	

	State/Terri	tory:				
÷.	AMOUET HEDICAL	, DURATION LY NEEDY GR	AND SCOPE OF	SERVI ALL	CES PROVIDED	,
8.	Private duty nu	rsing servi	ces.			
	/X/ Provided:		limitations	<u> </u>	With limitati	.ons*
9.	Clinic services	•				
	/X/ Provided:	¥o	limitations	<u>1X</u> 7	With limitati	ons*
10,	Dental services	•				
	/X/ Provided:	Ho	limitations	<u>/x/</u>	With limitati	ons#
11.	Physical therap	y and relat	ed services.			1
٠.	Physical therapy	7.				
	<u>/</u> ✓ Provided:		limitations	<u>/x/</u>	With limitati	ons*
ъ.	Occupational the	гару.				
	<u>/</u> ₩ Provided:	∠ To	limitations	<u>/x/</u>	With limitati	ons*
c.	Services for incoprovided by or					
	/X/ Provided:		limitations	<u>/\vec{v}</u>	With limitati	ons#
12.	Prescribed drugs prescribed by a optometrist.	, dentures physician	, and prosthe	tic de	vices; and eye of the eye or	glasses by an
٤.	Prescribed drugs	ı .				
	∠▼ Provided:	<u>√</u> / No	limitations	<u>√\$</u>	With limitati	ons*
b.	Dentures.					
	/X/ Provided:	/ Wo	limitations	1 31	With limitati	on s *
*Descr	iption provided o	n attachmen	nt.			
Supers		Approval Da	2-14-91	l -	Effective Dat	• 10/1 90
TH No.	90-59				HCFA ID:	01408///

Revision:

HCFA - Region VI November 1990

ATTACHOLENT 3.1-B Page 5

Effective Date $\frac{10/1/9}{1}$

	State/Terr	ltory:	FLORIDA			
	AHOUE HEDICAL	IT, DURA LLY WEEK	TION AND SCOPE OF CENTRAL ALL	SERVIC	ES PROVIDED	
c.	Prosthetic dev	ices.				
•	<u>/</u> ₩ Provided:	乙	We limitations	ıΣ	With limitatio	ns*
đ.	Eyeglasses.					,
	Provided:	二	No limitations	1XI	With limitation	ns*
13.	Other disgnost	ic, ser	eening, preventive provided elsewh	re, end here in	rehabilitative this plan.	services
8.	Diagnostic ser			_	•	
	/X/ Provided:		No limitations	<u>X</u>	With limitation	ons*
b.				_		
	Z Provided:	7	We limitations	<u>X</u>	With limitation	ons*
e.	Preventive ser	vices.	NOT PROVIDED			
	// Provided:	・ユ	So limitations	コ	With limitati	onsa
d.	Rehabilitative	servic				
	∠X Provided:	7	No limitations	<u>/X/</u>	With limitati	ons#
14.,	Services for i	individu	uals age 65 or old	dor in	institutions fo	r mental
8.	Inpatient hosp	ital s	ervices. NOT P	ROVIDE	D	
	Provided:		No limitations		With limitati	ons* .
b.	Nursing	faci	lity services.	NOT PR	OVIDED	
Desci	// Provided		No limitations tachment.		With limitati	ions
Super	93-57 •des 91-03	Appro	ovel Date 7-3-9	16	Effective Da	10/1/

Revision: HCFA - Region VI

November 1990

ATTACHMENT 3.1-B Page 6

	HEDICA	LLY WES	DY GROUP(S):	ALL	CES PROVIDED	
in a	an institut accordance NOT PRO	ion for with Second	mental disection 1902(a	(31)(A), to	the mentally dividuals who be in need o	are determent such car
	Provided:		No limitat	tions //	With limitat	:ions=
						• •
Inp	atient psyc	histric	facility se	ervices for	individuals ur	nder 22 ye
of i	NOT	PROVI	DED		individuals ur With limita	_
of i	NOT	PROVID	DED No limitat			-
of i	Provided:	PROVII	DED No limited	tions <u>/</u> /		tions*
of a	Provided: Provided: Provided:	PROVII	DED No limitat S. No limitat	tions \sqrt{X}	With limits	tions*

*Description provided on attachment.

TH No. 91-03 Supersedes TH No. 89-57

Approval Date 5/10/91

Effective Date 1/1/91

Page 7 SEPTEMBER 1994 State/Territory: FLORIDA AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): 19. Case management services and Tuberculosis related services a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act). With limitations* Provided: X Not provided. b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act. ____ With limitations* Provided: X Not provided. 20. Extended services for pregnant women. a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls. X Provided: Additional coverage b. Services for any other medical conditions that may complicate pregnancy. __ Additional coverage X Provided: Not provided. 21. Certified pediatric or family nurse practitioners' services. X Provided: With limitations* No limitations Not provided. Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy. ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only. *Description provided on attachment.

10/6/94

Approval Date

Effective Date 7/1/94

Revision: HCFA-PM-94-7

TN No.

Supersedes

TN No. 91-50

(MB)

ATTACHMENT 3.1-B

Revision: HCFA - Region VI

November 1990

ATTACHEDIT 3.1-B

	State/Territory: FLORIDA
	AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): ALL
22.	Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).
	// Provided: // No limitations // With limitations*
	/X/ Not provided.
23.	Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
	. Transportation.
	/X/ Provided: // Wo limitations /X/ With limitations*
ъ	. Services of Christian Science nurses.
	NOT_PROVIDED // Provided: // Wo limitations // With limitations*
c	. Care and services provided in Christian Science sanitoria.
	NOT PROVIDED // Provided: // Wo limitations // With limitations*
d	Nursing facility services provided for patients under 21 years of age. NOT PROVIDED
	// Provided: // Wo limitations // With limitations*
•	. Emergency hospital services.
	/X/ Provided: // Wo limitations A/ With limitations*
f	. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.
	/X/ Provided: // No limitations /X/ With limitations*
	96-06.
•	Approval Date $3/6/97$ Iffective Date $7/1/96$ 0. $91-03$ Revised Submission $2/10/97$

	State:FLORIDA
	AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO MEDICALLY NEEDY GROUPS
24.	Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.
	providedX not provided
25.	Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in to Supplement 3 to Attachment 3.1-A.
	providedX_ not provided